

PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/695,699
	Filing Date	October 29, 2003
	First Named Inventor	Christoph PELCHEN et al.
	Group Art Unit	3681
	Examiner Name	Sherry Lynn Estremsky Fax: (571) 273-8300
Total No. of Pages in this Submission: 9	Attorney Docket Number	ZAHFRI P560US

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MAY 16 2005

## ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
- ☐ Fee attached
- ☒ Response
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Part/s Incomplete Application
- ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

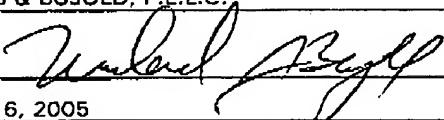
- ☐ Assignment papers (for an Application)
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition
- ☐ To Convert a Provisional Petition
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Small Entity Statement
- ☐ Request for Refund

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information
- ☐ Status Letter
- ☐ Additional Enclosures (please identify below)

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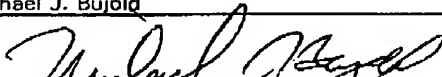
## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	May 16, 2005	

## CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO on May 16, 2005

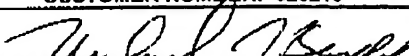
Type or printed name.	Michael J. Bujold
Signature	 Date: May 16, 2005

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PTO/SP/17 (12-99)  
Approved for use through 9/30/2000. OMB 0651-0032  
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FEE TRANSMITTAL					Complete if Known																																																																																																																																																																												
<b>for FY 2005</b> Effective 10/01/2003. Patent fees are subject to annual revision. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					Application No. Filing Date First Named Inventor Examiner Name Group Art Unit		10/595,899 October 29, 2003 Christoph PELCHEN, et al. Sherry Lynn Estremesky 3681																																																																																																																																																																										
TOTAL AMOUNT OF PAYMENT: \$450					Attorney Docket No.		ZAHFRI P560US																																																																																																																																																																										
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<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C.					<b>3. ADDITIONAL FEES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge-late filing fee/oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for re-examination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Ext. for reply w/in 1 mon</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Ext. for reply w/in 2 mon</td><td>\$450</td></tr> <tr><td>1253</td><td>1,020</td><td>2253</td><td>510</td><td>Ext. for reply w/in 3 mon</td><td></td></tr> <tr><td>1254</td><td>1,590</td><td>2254</td><td>795</td><td>Ext. for reply w/in 4 mon</td><td></td></tr> <tr><td>1255</td><td>2,180</td><td>2255</td><td>1,080</td><td>Ext. for reply w/in 5 mon</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a Brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>1,000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>500</td><td>2452</td><td>250</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,500</td><td>2453</td><td>750</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,400</td><td>2501</td><td>700</td><td>Utility issue fee (for reissue)</td><td></td></tr> <tr><td>1502</td><td>800</td><td>2502</td><td>400</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>1,100</td><td>2503</td><td>550</td><td>Plant issue fee</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petition related to provisional applns.</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Info. 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<b>2. CLAIMS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>=</th> <th>Fee From Below</th> <th>x</th> <th>=</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>-20*</td><td>=</td><td>\$ 50 (\$ 25)</td><td>x</td><td>=</td><td></td></tr> <tr><td>Ind. Claims</td><td>- 3</td><td>=</td><td>\$200 (\$100)</td><td>x</td><td>=</td><td></td></tr> <tr><td>Multiple Dependent</td><td></td><td>=</td><td>\$360 (\$180)</td><td>x</td><td>=</td><td></td></tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>1202</td><td>50</td><td>2202</td><td>25</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>200</td><td>2201</td><td>100</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>380</td><td>2203</td><td>180</td><td>Multiple dependent claim</td></tr> <tr><td>1204</td><td>200</td><td>2204</td><td>100</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>50</td><td>2205</td><td>25</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td>\$-0-</td></tr> </tbody> </table>					Total Claims	Extra	=	Fee From Below	x	=	Fee Paid	Total Claims	-20*	=	\$ 50 (\$ 25)	x	=		Ind. Claims	- 3	=	\$200 (\$100)	x	=		Multiple Dependent		=	\$360 (\$180)	x	=		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	380	2203	180	Multiple dependent claim	1204	200	2204	100	**Reissue independent claims over original patent	1205	50	2205	25	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (2)					\$-0-																																																																																																													
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Typed or Printed Name	Michael J. Bujold			Registration No.	32,018		Telephone (603) 624-9220																																																																																																																																																																										
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